

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6092

1. PLACE OF DEATH

County *Howard*Registration District No. *384*Township *West Plains*Primary Registration District No. *4227*City *West Plains* (No. *1*)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence No.

St.

Ward.

Avia, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

2 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

ma

4. COLOR OR RACE

wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*27**11**1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Recruit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

CCC 727

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Douglas Co., Mo.

13. NAME

C. D. Denny

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Douglas Co., Mo.

15. MAIDEN NAME

Bertha Lakey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lairson

17. INFORMANT (ADDRESS)

C. D. Denny

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Avia, Mo.

DATE

2-14-

1937

19. UNDERTAKER (ADDRESS)

Robertson mortuary

20. FILED

2-14

1937

Vida W. Simons

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-13-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937, to Feb. 13, 1937

I last saw him alive on Feb. 13, 1937 Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

heart pneumonia

Date of onset

2/13/37

Other contributory causes of importance

Name of operation

None

Date of

What test confirmed diagnosis? *Examine* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

Also, specify

(Signed)

Robertson

(Address)

*West Plains, Mo.**Dr. Hagan*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

